

**Student Information**

Student:	Jane Doe	Grade:	10
Student ID:	1111111	School:	Rimrock High School
Gender:	Female	Ethnicity:	Caucasian
Date of Birth:	04/25/1999	Chronological Age:	15.7 years
Disability:	Multiple Disabilities: Hearing Impairment, Other Health Impairment		
Date Determined:	04/15/2002		
Primary Language:	English	Secondary Language:	American Sign Language

**Parent/Guardian Information**

Parent:	Susan Doe	Relationship:	mother
Address:	123 White Street Stipek, MT. 11111	Phone:	(406) 111-1111
Parent:	John Doe	Relationship:	father
Address:	Box 1111 Anywhere, MT. 11111		

**Team Members**

The following individuals were consulted in the development of the Functional Behavior Assessment.

<u>Name</u>	<u>Title</u>
Jane Doe	Student
John and Susan Doe	Parents
Mrs. J.	Special Education Teacher
Ms. C.	Outreach Consultant, Deaf and Hard of Hearing
Mrs. S.	Audiologist, Anywhere Clinic
Dr. W.	Pediatric Cardiologist, Anywhere Clinic
Mr. G.	School Psychologist
Mrs. M.	School Counselor

Mr. C.	Regular Education Teacher (Spanish)
Mrs. G.	Regular Education Teacher (Biology)
Mr. P.	Regular Education Teacher (PE)
Ms. H.	Paraprofessional (Geometry)

**Reason for Referral**

Jane was referred for a Functional Behavior Assessment by the IEP team. She currently receives special education services in the areas of Other Health Impairment (ADHD and C.H.A.R.G.E syndrome), and Hearing Impairment. A Behavior Intervention Plan is not currently in place and the need for one will be evaluated in this functional assessment.

Behaviors of concern at this time are yelling, slapping herself in the face, and slamming her hand or books on the desk. Jane demonstrates problem behaviors that are disruptive and self-injurious, and are considered moderately severe behavior. These behaviors are pervasive and maladaptive for which the instruction and behavioral approaches in her IEP are found to be ineffective.

The negative ramifications of this behavior are interference with social interaction, interference with learning, and a danger to self.

**Setting, Professionals, and Family**

Jane presently resides with her mother and brother in Anywhere, Montana. Her parents share custodial care, and Jane spends every other weekend with her father. Jane's parents are both employed, and express concern regarding Jane's self-advocacy skills, self-esteem, and her relationships with peers. Jane is described as very responsible in completing chores and homework, but isolationist, and uncommunicative with family regarding school activities. Discipline is shared by both parents, and typically consists of a gain or loss of privileges.

Jane's activity level can be described as atypical to that of others her age. She was first identified for special education services in preschool, and has received these services since that time. Jane moved to Anywhere as a high school freshman last year, from Rocky Middle School in Anywhere, where she received instruction in a self-contained Delta classroom for students exhibiting moderate to severe behavior difficulties.

Jane continues to receive special education services, and is now fully included in the general education environment with paraprofessional support. Her Individualized Education Plan includes goals in the area of social/emotional/behavioral development. Jane is a class representative on Student Council, a member of the Speech and Drama team, and active in outdoor activities such as skiing and swimming. She maintains a small group of friends with whom she has lunch daily during school, but has limited interaction with peers on the weekend. Jane receives routine care in cardiology, endocrinology, audiology, and counseling services, and

takes melatonin, citalopram, estradiol, and genetroph medications daily to maintain physical and emotional well-being.

### **Supporting Information**

Jane's physical condition and behavior was assessed using standardized assessments, physician reports, psychological reports, direct observation, teacher reports, parent interview, and student interview:

1. Medical information was provided by Dr. W., Pediatric Cardiologist, based on a follow up visit with Jane on 08/08/2013, and Ms. S., Audiologist, based on a follow up visit with Jane on 02/13/2014.
2. Jane's intellectual, academic, and behavioral functioning was assessed on 5/12/12 by Mr. G., Ed. S., using the following instruments: Stanford-Binet Intelligence Scales: Fifth Edition, Developmental Test of Visual-Motor Integration: Sixth Edition, Piers-Harris Children's Self-Concept Scale: Second Edition, and Conners: Third Edition.
3. Jane's classroom teachers completed the Functional Assessment Screening Tool (FAST) and Motivation Assessment Scale (MAS) on 10/21/2014.
4. Classroom observations (direct observation and frequency recording) were conducted on 10/13/2014 through 10/31/2014 by Mrs. J., special education teacher, Ms. W., school guidance counselor, and Mrs. H., paraprofessional.
5. Jane completed a Reinforcement Survey 10/13/2014, Student-Directed Functional Assessment Interview Form on 10/28/2014, and a Listening Inventory for Education – Revised (L.I.F.E.-R.) Student Appraisal of Listening Difficulty on 10/25/2014.

### *Medical Assessments*

Jane is diagnosed with C.H.A.R.G.E. association, and was born with Epstein's malformation of the tricuspid valve. She underwent tricuspid valvuloplasty and closure of an atrial septal defect, a patent ductus arteriosus and plication of the right atrium and right ventricle in May of 2003. Aidan is presently asymptomatic from a cardiovascular standpoint, and has no significant interim health issues.

Jane has a longstanding history of bilateral mixed hearing loss. She wears a hearing aid in her right ear, and uses a FM system at school. Jane's right ear hearing acuity has declined significantly in the low and mid frequencies due to significant negative middle ear pressure, but her word understanding scores continue to be excellent in the right ear, and fair in the left. Additionally, Jane has congenital abnormalities involving the cochlea and the vestibular or balance system bilaterally that make her more susceptible to falls or to falling over with normal jarring.

*Stanford-Binet Intelligence Scales: Fifth Edition*

A Stanford-Binet Intelligence scale measures a child's intellectual functioning levels in the Verbal and Nonverbal domains. Scores for Jane on this assessment are: Nonverbal 95 (Standard Score), or 37<sup>th</sup> percentile, Verbal 98 (Standard Score) or 45<sup>th</sup> percentile, with a Full Scale IQ of 96 (Standard Score) or 39<sup>th</sup> percentile. These intelligence scores were obtained at the 90% confidence level. Jane is functioning at a consistent level intellectually on this scale in regard to the Verbal and Nonverbal domains, and within the average range in regard to her verbal and nonverbal reasoning abilities. Jane's overall or Full Scale intelligence functioning level is also within the average range.

*Developmental Test of Visual-Motor Integration: Sixth Edition*

This assessment seeks to identify how well a child's visual-motor integration skills have developed. Significant delays in the child's development of these skills has been linked to difficulties in academic achievement, particularly in the area of reading. Jane's performance on this assessment resulted in an age equivalent that is 4 years and 6 months below her anticipated performance based on her chronological age. This level of performance is within the borderline range of development with regards to these skills, resulting in a moderate to significant delay in her development of visual integration.

*Piers-Harris Children's Self-Concept Scale: Second Edition*

This self report assessment identifies how well a child's self-concept is in a variety of areas, including: Behavioral Adjustment, Intellectual and Social Status, Physical Appearance and Attributes, Freedom from Anxiety, Happiness and Satisfaction, and Popularity. Jane's self-ratings on this assessment indicate that she has a slightly below average self-concept in the Intellectual and School Status, Happiness and Satisfaction areas. In the Physical Appearance and Attributes area Jane has a much below average self-concept. Jane's self-concept development appears to be an area of concern.

*Conners: Third Edition*

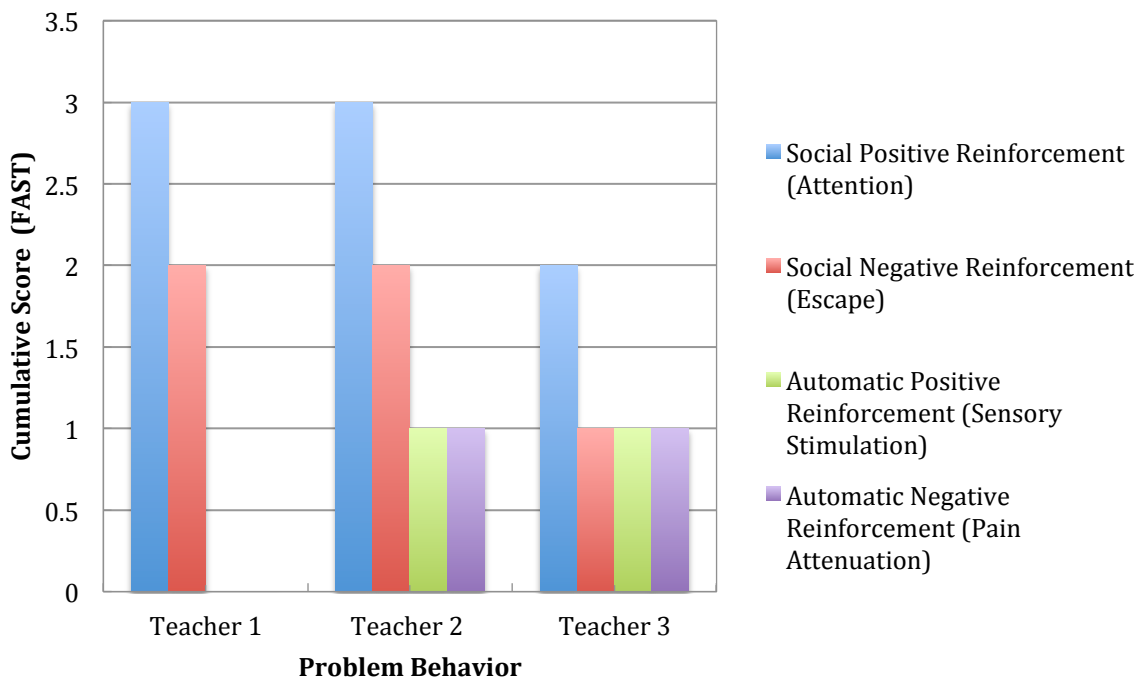
This scale is used to characterize patterns of a child's behavior, and frequently used to help identify children with an Attention Deficit/Hyperactivity Disorder, but can also be used to characterize other symptoms and behavioral problems. Areas measured by this rating scale include: Inattention, Hyperactivity/Impulsivity, Learning Problems, Executive Functioning, Conners 3 Global Index Total, DSM-IV-TR-ADHD Inattentive, and DSM-IV-TR ADHD Hyperactive-Impulsive. Scores on this assessment indicate that Jane experiences a borderline level of difficulty for Jane in the Inattention and Hyperactivity/Impulsivity areas.

### *Achenbach Child Behavior Checklist*

This scale provides a multi-dimensional profile of empirically derived problem behavior syndromes. In other words, what types of behavior are the child exhibiting and are those behaviors symptomatic of certain behavior disorders? The areas covered by this scale include: Anxious/Depressed, Withdrawn/Depressed, somatic Complaints, social Problems, Thought Problems, Attention Problems, Rule-Breaking Behavior, and Aggressive Behavior. Results of this assessment indicate that Jane experiences significant difficulty in the Anxious/Depressed area, and a borderline level of difficulty in Withdrawn/Depressed, Social Problems, and Aggressive Behavior areas.

### *Functional Assessment Screening Tool (FAST)*

Dr. Brian Iwata developed the Functional Assessment Screening Tool (FAST) at the Florida Center for Self Injury in 1996. It is a sixteen question forced choice survey that requires “yes” or “no” responses. Results provide analysts possible behavioral functions, or reasons why a child engages in the target behavior. Three teachers provided input for the target behavior (disruptive).



**Figure 1.** Scores of FAST as reported by teachers, depicting possible functions of Jane’s problem behavior.

As evidenced by the differences reported by the three teachers, Jane’s behavior is presumed to have a combined function of Social Positive Reinforcement (attention) and Social Negative Reinforcement (escape). While these results may appear to confound the functional assessment,

the teacher reports successfully eliminated two functions as possibilities: Sensory Stimulation and Pain Attenuation.

### *Motivation Assessment Scale (MAS)*

The Motivation Assessment Scale (MAS) is a sixteen-item survey that asks participants to rate the probability of the student to engage in problem behavior along a continuum of 0 (never) to 6 (always). The same teachers completed the MAS. Their results are as follows

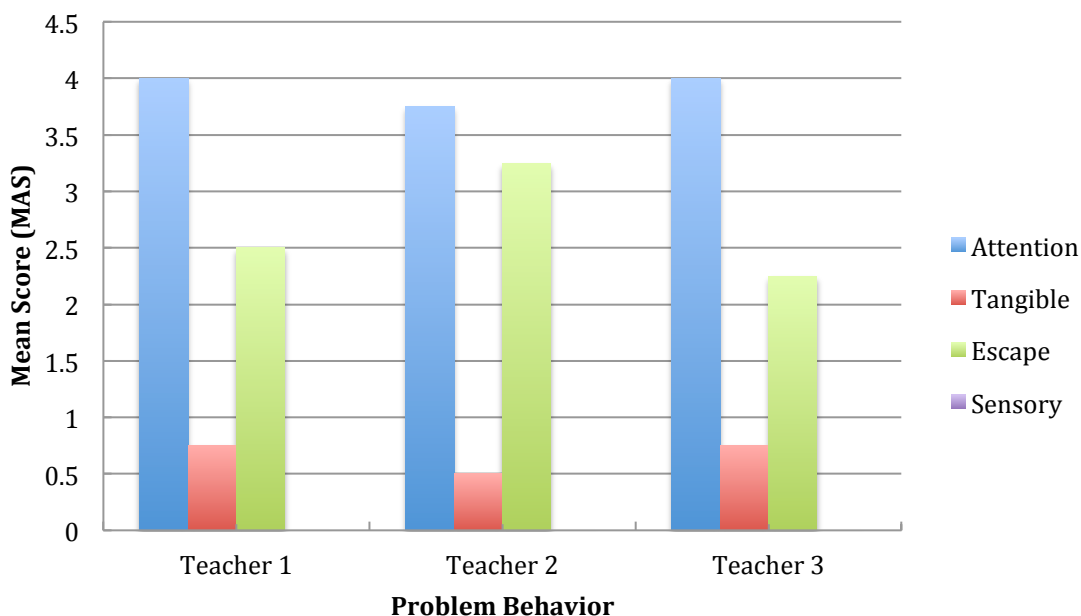


Figure 2: Scores of MAS as reported by teachers, depicting possible functions of Jane's problem behavior.

The reports from the teachers indicate that the most probable function of Jane's behavior is attention. All three teachers agree that the sensory function is not involved in Jane's disruptive behavior.

### *Reinforcement Survey*

The special education teacher on 10/13/2014 administered a reinforcement survey. Jane's reinforcers include verbal praise from teachers and peers, opportunities to work with a peer, a homework pass, and free time on the iPad.

### *Student Directed Functional Assessment Interview*

Jane identified her behavior of concern as disruptive, and completed a daily schedule to pinpoint the times and classes where she has the most difficulty based on a scale of 1 (least difficult) to 6 (most difficult). Jane reported that she is most likely to engage in the target behavior before school and during Geometry, with a rating of 5. Her other classes fell within the 3-4 range, while

transitions between classes, lunch, and tutorial in the special education room were the least likely settings for engaging in the target behavior, and received a rating of 1. In these settings of least difficulty, it is important to note that Aidan turns off her hearing aide, and does not utilize her FM system.

*Listening Inventory for Education – Revised (LIFE-R) Student Appraisal of Listening Difficulty*

The Listening Inventory for Education – Revised Student Appraisal of Listening Difficulty is a fifteen item survey for students with Hearing Impairment used to rate their level of listening difficulty in the classroom along a continuum of 0 (always difficult) to 10 (always easy). Jane rated the following scenarios as “sometimes or mostly difficult” (2-5) to hear in a classroom environment when she is utilizing her FM system: the teacher is talking with his/her back turned, the teacher is talking while moving, student answers in discussion, other students making noise, during simultaneous small and large group instruction, cooperative small group learning, listening in a large room, listening to others when outside, and listening to peers during informal social times.

Six multiple-choice questions following the survey ask the student to identify how they respond when they do not hear or understand what was said. The purpose is to briefly identify the level of self-advocacy skills that the student uses. When Jane does not hear or understand what the teacher is saying, she “does nothing and hopes that she will figure it out later, yells in frustration, or looks around to see what the other students are doing, hoping that the teacher will notice her looking around.” If it is too noisy in the classroom, Jane stated that she “looks around the class with a mean face at the people making noise, hoping that the teacher will notice, or begins to do something else because it is too hard to listen and understand.” When a student’s voice is too quiet for her to understand, Jane “does nothing and hopes that what the student is saying isn’t very important, or turns around in her chair to see the students face more easily.” When Jane cannot hear what her friends are saying, she “sometimes walks away because it is too hard to follow the conversation.” If she wants to communicate in an environment that is too noisy, Jane “stops paying attention-if people want her to know something, they will tell her again.” Lastly, if Jane’s device stops working, she will “wait to see if it starts working again, or tell Mrs. J. at the end of the day that it isn’t working.”

*Observation of Spanish Class – a.m.*

Jane was observed by the Mrs. W., School Guidance Counselor during Spanish class from 8:15 a.m. to 9:00 a.m. on 10/13/2014. The observation method was a running record of events and behaviors. Jane did not provide her FM system to the teacher until prompted by another student. She appeared to attend to instruction, and could be observed taking notes, but gave little eye contact, and did not volunteer any answers or request clarification. Jane requested to work with the group during independent seatwork, but waited for the teacher to move her desk for her, then shouted at the teacher when this did not happen immediately. Another student moved the desk

for her, and Jane worked productively on her assignment for the remainder of the class period, but could be heard humming loudly throughout.

*Observation of Geometry Class – p.m.*

Ms. H, paraprofessional, observed Jane in Geometry class on 10/21/2014, beginning at 1:49 p.m. The observation method was a running record of events and behaviors. The class was reviewing a quiz that they had completed the day before, and Jane was upset by the grade that she received. She did not provide the instructor with her FM device, and did not follow along during the review, but held her paper in front of her face, and mouthed the word F\*%& repeatedly, while gesturing with her middle finger. The teacher did not take notice of Jane's behavior, but many of her peers found it either distracting or amusing. Jane appeared unaware of the peer attention, as her classmates were seated behind her, and she had not activated her FM system.

At 2:00 p.m. the classroom instructor requested the FM device from Jane, which she provided. During the lecture, Jane attended to instruction and took notes. Independent seatwork began at 2:25 p.m., and Jane requested her FM System back, and turned off her hearing aide for the remainder of class. Jane worked productively, but did not ask any questions, or request assistance.

### **Description and Definition of Behavior**

Target Behavior: DISRUPTIVE BEHAVIOR

Definition: Jane engages in disruptive behavior in the form of yelling, slapping her face, or slamming her hand or books on the desk approximately 3-4 times per day. Each incident lasts for 2-3 minutes, and the problem has existed for at least 3 months.

The disruptive behavior usually occurs in a structured classroom setting during transitions between activities/tasks, or when the directions for completing the activity/task are unclear. This behavior occurs both when her FM system is activated and when it is not.

Immediately or as a result of the disruptive behavior, the teacher reprimands Jane, then conferences with her 1:1 to clarify the directive. Occasionally, Jane is asked to leave the classroom to "regroup."

Based on the functional assessment, the special education teacher hypothesizes that Jane's disruptive behavior appears to be a function of the need for teacher attention. The special education teacher believes that Aidan does not demonstrate an appropriate

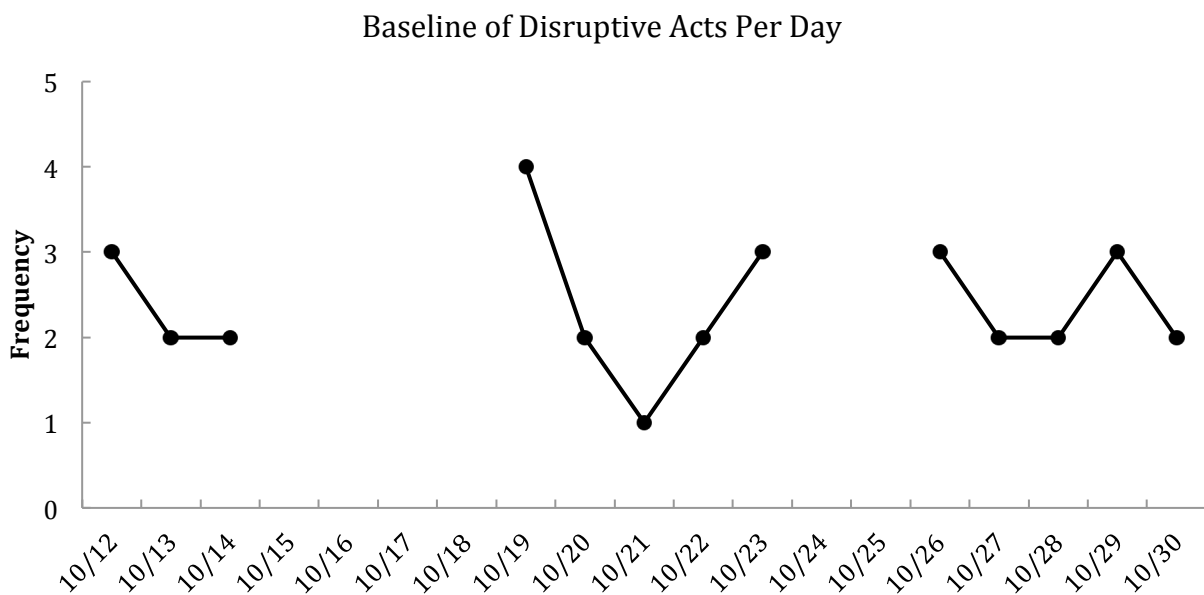


alternative behavior because she does not have mastery of necessary self-advocacy skills and because she finds the disruptive behavior rewarding in terms of gaining teacher attention.

### Hypothesis Statement

Especially when activity/task demands are unclear, Jane will engage in disruptive behavior (yelling, slapping face, or slamming hands or books on the desk), in order to gain attention from teachers.

### Report of Baseline Data



The above graph depicts the baseline data that was collected from daily behavior logs over a two week time period by teachers and paraprofessionals.

### Competing Behavior Model

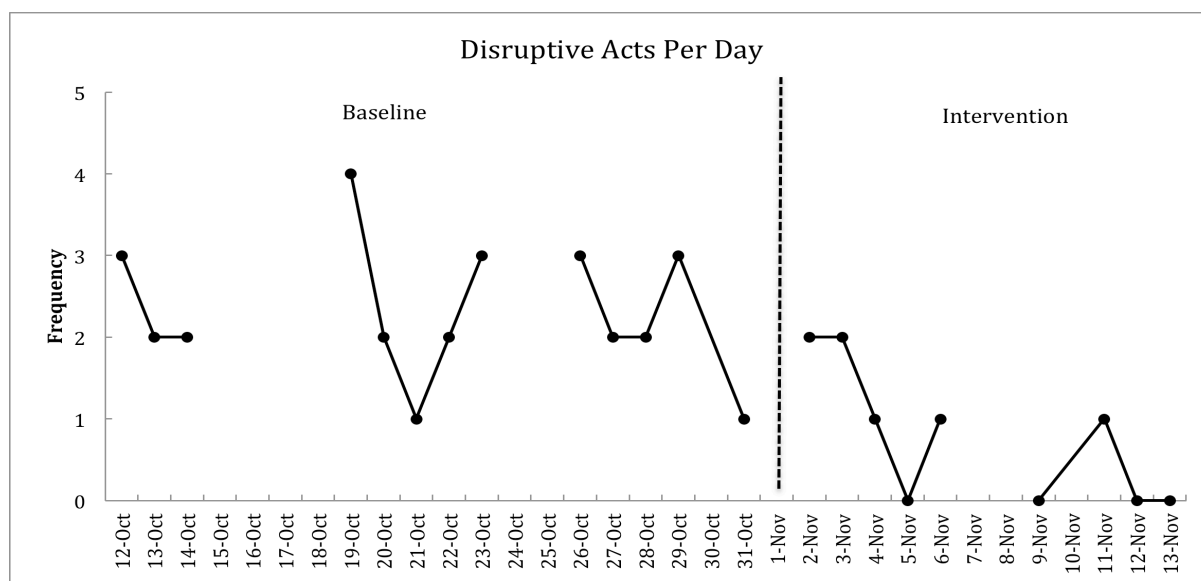
		Work quietly, ask for assistance as needed	Positive Reinforcement/ Teacher Praise
		<b>Desired Behavior</b>	<b>Maintaining Consequences</b>
Low or no teacher attention	Unclear expectations for activity/task	Disruptive (yelling, slapping face, slamming hand or books on desk)	Teacher Attention
<b>Setting Event</b>	<b>Antecedent/Predictor</b>	<b>Problem Behavior</b>	<b>Maintaining Consequences</b>
		Self-recruit attention: raise hand for assistance	
		<b>Alternative/Replacement Behavior</b>	

**Behavior Reduction Intervention/Strategies:**

Setting Event Strategies	Predictor Strategies	Teaching Strategies	Consequence Strategies
Provide teachers with FM system	Clarify expectations	Practice expected behavior	Reinforcers selected from reinforcement menu
Provide teachers with professional development training on instructing students with hearing impairment	Check for understanding	Teach self-advocacy skills	Teacher praise
		Self-monitor and record disruptive behavior	Complete Re-entry Form as corrective procedure

**Data Collection Method**

The reduction in disruptive behavior and the increase in functional communication to request assistance is a socially significant behavior that must be carefully monitored by the collection of data in a reliable and systematic manner. Individual incident logs that will inform date/time, context, task demand or request, type of disruption, and the events that immediately follow the behavior will monitor disruptive behavior. Self-advocacy training, and a checklist for FM system provision will monitor skill acquisition.

**Evaluation**

It is evident that the behavior intervention has effectively reduced Jane's disruptive behavior to low or zero levels. This behavior will be monitored and the intervention continued for at least six weeks before fading of the antecedent and consequent procedures will begin.

**Sample Data Collection Form****Disruptive Behavior Log****Date:** \_\_\_\_\_

<b>Time Begin Time End</b>	<b>Context</b> (setting, location, etc.)	<b>Activity</b> (list, task, request, etc.)	<b>Behavior</b> (yelling, slapping face, slamming hand or books on desk)	<b>Consequence</b>  What happened after?

**Sample Re-entry Form****Classroom Re-entry**Provided FM System device to teacher: Yes ☐ No ☐

Name: \_\_\_\_\_

1. What was your behavior? \_\_\_\_\_  
\_\_\_\_\_

2. What did you want? (Check all that apply)

- ☐ I wanted attention from the teacher
- ☐ I wanted to be in control of the situation
- ☐ I wanted to challenge the teacher's authority
- ☐ I wanted to avoid doing my work
- ☐ I wanted to cause problems because I am miserable inside
- ☐ I wanted to cause others problems because they don't like me
- ☐ I wanted: \_\_\_\_\_

3. Did you get what you wanted? Yes ☐ No ☐

Why? \_\_\_\_\_

4. What could you do differently? \_\_\_\_\_  
\_\_\_\_\_5. Will you be able to do that appropriately? Yes ☐ No ☐

Teacher: \_\_\_\_\_ Class: \_\_\_\_\_

*Adapted with permission from Colvin, G. Sugai, G (1989). Managing escalating behavior (2<sup>nd</sup> ed.). Eugene, OR: Behavior Associates.*

## References

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